



DIA 2018
 GLOBAL ANNUAL MEETING
driving insights to action!

BOSTON, MA
JUNE 24-28
 DIAglobal.org/DIA2018

Patient Advocate Registration Form

RETURN WITH A COPY OF 501 (c)3 LETTER

PATIENT ADVOCATE FEE

By June 6 **\$250** After June 6 **\$400**

Last Name _____ First Name _____ M.I. _____ Mr. Mrs. Ms.

Organization _____

Mailing Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Email (required for confirmation) _____ Twitter Handle _____

Phone _____ Website _____

Mission Statement _____

PAYMENT OPTIONS: Completed registration form **MUST BE** accompanied by payment.

CREDIT CARD

Visa MC AMEX Exp Date _____ Card # _____

Name (printed) _____ Signature _____

Non-U.S. credit card payment is subject to the currency conversion rate at the time of the charge.

CANCELLATION POLICY

If you do not cancel by May 26, 2018 and do not attend, you are responsible for the full applicable fee. **Registrants are responsible for cancelling their airline and hotel reservations.** Patient registrations are not transferable. **DIA reserves the right to alter the venue, if necessary. If an event is cancelled, DIA is not responsible for any airfare, hotel, or other costs incurred by registrants.** Speakers and program agenda are subject to change.

REFUND POLICY: Cancellations received in writing by CustomerService@DIAglobal.org **ON or BEFORE MAY 26, 2018** will be processed as follows:

Registration fee paid minus \$100 = Refund Amount

Exhibit Hall Access:

Your meeting registration includes access to the Exhibit Hall on Monday–Wednesday when the Hall is open. DIA does not allow access to the Exhibit Hall to anyone under the age of 18.

Participants with Disabilities:

DIA event facilities and overnight accommodations are accessible to persons with disabilities. Services will be made available to sensory-impaired persons attending the event if requested at least 15 days prior to event. Email AnnualMeetingProgram@DIAglobal.org to indicate your needs.

Photography Policy:

By attending the DIA 2018 Global Annual Meeting you give permission for images of you, captured during the conference through video, photo, and/or digital camera, to be used by DIA in promotional materials, publications, and website and waive any and all rights including, but not limited to compensation or ownership.

RETURN COMPLETED FORM WITH COPY OF 501(c)3 LETTER:

Annual Meeting Patient Advocate Registration, DIA, 800 Enterprise Road, Horsham, PA 19044-3935 USA
 Email: AnnualMeetingProgram@DIAglobal.org | Phone: +1.215.442.6100 | Fax: +1.215.293.5980

INTERNAL USE ONLY

Approved by: _____ Date: _____